



Jacobus Borough

126 N. Cherry Lane, Jacobus, PA 17407-1000

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Application for Transient Retail Merchant License

Applicant's Name: _____ Phone: (H) _____

Permanent Address: _____ (C) _____

_____ (W) _____

Local Address (if different than permanent address): _____

Driver's License: (State) _____ (Number) _____

Employer's Business License #: _____

Employer Name: _____

Employer Address: _____

Phone: (B) _____ (C) _____ (Other) _____

Vehicle: (Make) _____ (Model) _____ (Year) _____

(Plate #) _____ Registered To: _____

Registered In: (State) _____

Type of Goods, Wares, Merchandise or Services to be sold: _____

Time Period desired for License : _____ 1 - 7 Days (\$10.00) _____ 1 Month (\$20.00)

(Please check one)

_____ 2 - 4 Months (\$30.00) _____ 6 Months (\$50.00)

~~Office Use Only~~

License #: TRML _____ Date Issued: _____ Time Period: _____

Fee Paid: _____ Paid by: Cash _____ or Check # _____ License Expires: _____

Issued by: _____, Secretary for Jacobus Borough

Issued pursuant to Jacobus Borough Ordinance #1993-114; Chapter 160; Amending Ordinance 2011-6